

City and County of San Francisco

Department of Public Health



San Francisco General Hospital
Medical Center

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Harold E. Varmus, M.D.
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Dear Harold,

I am responding to your letter of August 12th regarding the attempt to find an appropriate name for the retrovirus believed to be the cause of AIDS. After giving this matter some thought, I have concluded that your job as Chairman of the Subcommittee of the Retrovirus Study Group of the International Committee on Taxonomy of Viruses is a difficult position.

As a clinician/investigator constantly immersed in the AIDS epidemic in the City of San Francisco, I accept my views are somewhat slanted. To me, the current nomenclature which has been accepted through inertia, HTLV-III/LAV, is unwieldy and serves only as an attempt to placate egos. As I mentioned to you on our initial telephone conversation, I see no reason why we should not call it like it is, simply the "AIDS virus." However, I realize that my view is tinted by my position. In my clinical practice, all of my patients know that they have AIDS, so avoiding the term is not a necessity. However, this certainly is not the case in other people who may have been infected with the virus or persons living in other geographic areas.

Remembering back to my more intimate experience with retrovirology, it does appear that the species is usually the first word. The disease that the virus causes subsequently follows. The suggestions that AIDS and/or lymphadenopathy be part of the virus' name seems somewhat incomplete. We know that the virus causes many other manifestations aside from lymphadenopathy and the clinical diagnoses recognized as AIDS. For example, immune thrombocytopenic purpura appears also to be caused by infection with this virus. Similarly, the lymphomas, both Hodgkin's and non-Hodgkin's are not recognized as being secondary to the virus if it is named for only AIDS and lymphadenopathy. The common underlying problem caused by the virus appears to be immunodeficiency. AIDS, lymphadenopathy, ITP, and lymphomas appear to result from the underlying immunodeficiency. Why not call the virus "The Human Immunodeficiency Virus" (HIV)? This would serve to describe the species and the disease caused. It avoids the word "AIDS." It also avoids similarity with other previously named viruses. An alternative would be "Human Immune Deficiency Virus (HIDV)," however, I believe that "HIV" has more of a ring to it.

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I failed to include on the list of clinical investigators that I sent to you some folks at the National Cancer Institute. Among them is Samuel Broder, M.D. I recently discussed this issue with him on the telephone. He is adamant that no matter what any committee decides, he most likely will continue to use HTLV-III. It may be worth your while to pole Dr. Broder and perhaps Dr. Anthony Fauci and Clifford Lane, all at the National Institutes of Health and all AIDS clinical researchers, with regards to their views on this matter.

Good luck on your selection of a name. I certainly await with interest your ultimate decision.

Sincerely yours,



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